

THE TOWN OF DAVIE DEFERRED COMPENSATION PLAN  
(000260)



Beneficiary Designation Form

EMPLOYEE INFORMATION

First Name	MI	Last Name	Suffix	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 1	<input type="text"/>			Evening Phone <input type="text"/>
Address 2	<input type="text"/>			
City	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Emp. ID <input type="text"/>
Date of Birth <input type="text"/>	Date of Hire <input type="text"/>	Office Use Only <input type="text"/>		

DESIGNATION OF BENEFICIARY

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and contingent beneficiaries of my accrued benefit under the Plan payable by reason of my death. The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise below, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries. I reserve the right to revoke or change my beneficiary designation. I hereby revoke all prior designations (if any) of primary beneficiaries and contingent beneficiaries.

<input checked="" type="checkbox"/> Primary	Full Name	Social Security Number	Percent	Date of Birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Telephone	Address	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Primary	Full Name	Social Security Number	Percent	Date of Birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Contingent	Relationship	Telephone	Address	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Primary	Full Name	Social Security Number	Percent	Date of Birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Contingent	Relationship	Telephone	Address	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

(Attach sheet listing any additional beneficiaries)

I understand that if I wish to designate someone other than my spouse as my sole primary beneficiary that my spouse must consent in the Spousal Consent section of this form

SIGNATURE

I have read and understand the instructions to this form and have authorized the above designations.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## SPOUSAL CONSENT

(Only complete this section if you are married and your spouse is not named as your sole primary beneficiary.)

Participant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary", hereby certify I have read the Designation of Beneficiary and fully understand the property subject to the designation is my spouse's accrued benefit under the plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation.

Signature of Participant's Spouse \_\_\_\_\_ Date \_\_\_\_\_

**Note: The signature of a spouse must be witnessed by a Notary Public.**

### WITNESS: Notary Public

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_,  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, State  
of \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_



## PARTICIPANT CERTIFICATION IF NO SPOUSE

I hereby certify that I am either: 1) not legally married; 2) legally separated; or 3) abandoned

Note: A court order must be attached if you are legally separated or abandoned.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO:**

7/3/2008

The Office of Budget and Finance

(Rev. 04/2006)



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